

TRANSFORMATION EFFORTS AND ACTIVITIES – ADULT & CHILDREN

Mental health transformation takes many forms in North Dakota. The process uses a multifaceted transition approach that infuses the recovery concepts within the service delivery system while initiating targeted evidence-based practice initiatives within regional human service centers that have displayed readiness for implementation. At the same time, consistent message, work force development, contracted initiatives, and technical assistance covering a variety of transformation areas take place. The next step is to create and promote readiness in additional centers for future expansion efforts.

The Division of Mental Health and Substance Abuse Services is leading the community-based public mental health system and its partners in implementing various mental health transformation activities. These include:

GOAL 1: AMERICANS UNDERSTAND THAT MENTAL HEALTH IS ESSENTIAL TO OVERALL HEALTH

- **Social Inclusion Campaign:** In an effort to reduce the stigma associated with mental illness, the Division is implementing a social inclusion campaign. The Division contracted with Newman Outdoor Advertising for the design and set-up of thirty-two billboards across the state. The billboards focused on Mental Health Recovery and an example can be found below. This campaign will continue in the future.



GOAL 2: MENTAL HEALTH CARE IS CONSUMER AND FAMILY DRIVEN

In 2006, seven Department staff members and one consumer were sent to the Recovery Institute in Ohio to be trained as trainers in the recovery model. Since then, the group has trained all SMI case management staff (approximately 80 staff members) and is conducting ongoing training of direct care staff from the State Hospital. Consumers are being trained in the model at the State Hospital and the regional human service centers. In June of 2007, the

Division brought Wilma Townsend to North Dakota to provide administrative and supervisory staff training on the model. Ms. Townsend was brought back to train additional consumer trainers: two trainers for each of the eight regions of North Dakota. The consumer-training portion has become a component of the North Dakota Consumer and Family Network. This past year there were two training in each of the eight regions.

The State Hospital has implemented the Treatment Mall, a recovery-focused alternative to the traditional inpatient model. This program supports the notion that treatment should not be provided within the “home environment” of the consumer. Rather the consumer must leave their “home” during the business day and go elsewhere for the array of treatment services. It also establishes a structure of living that would then more naturally follow the consumer when living independently.

Central to the purpose of the Treatment Mall is a full array of groups and learning experiences that can be selected on the basis of not only need but also by choice. The Treatment Mall is in a separate location on the hospital grounds where staff and consumers from multiple units come together to provide and receive mental health services. Consumers work with a coordinator and a treatment team to define a life goal through a Recovery Plan. The patient then chooses classes that will help develop the skills that will move them toward the goal of returning to the community. Consumers attend four to five classes fifty minutes in length offered Monday through Friday from 9:00 am to 12:00 pm and 1:00 pm to 4:00 pm. The Treatment Mall functions like a learning center and therefore follows a twelve-week semester format. Consumers select classes designed to help them reach their recover goals. Consumers and the coordinator will then register for those classes during the registration process. The services provided through classes are designed to teach daily life skills, vocational training, education, illness education, medication management, and social skills that will strengthen and empower the consumer toward recovery and transition back into the community.

The Parent-to-Parent Support Program involves coaching and assisting families with children with emotional/behavioral disorders/needs by increasing their knowledge of their child's needs, assisting with the process of choosing service providers, explanation and interpretation of policies and procedures, and training to assist parents in accessing mental health services for their children. The Division of Mental Health and Substance Abuse continued the contract for the 2009-2011 biennium was awarded to the North Dakota Federation of Families for Children's Mental Health to provide the parent-to-parent support services effective July 1, 2009.

The ND Department of Human Services through collaboration between the Division of Mental Health and Substance Abuse Services and the Children and Family Services Division administers the Voluntary Out-of-Home Treatment Program. The program is an option for parents to access out-of-home treatment for their children without relinquishing legal custody when the child's circumstances fall within the intent of this program. The child must be covered by the Medicaid program and the application must be approved by the Division.

A parent was invited to become a member of the North Dakota Children's Social, Emotional and Developmental Alliance (NDSEDA), at this time, has not initiated involvement with the Alliance.

It is widely recognized that transforming the mental health system to be more responsive to consumer needs and better assist in recovery requires the participation of consumers at all levels of policy planning and program development, implementation, and evaluation. Meaningful involvement of consumers in the mental health system can ensure they lead a self-

determined life in the community, rather than remaining dependent on the mental health system for a lifetime.

To ensure meaningful involvement of consumers in the mental health system, consumers and family members need to organize, encourage one another, and become educated about the workings of the system. The Division of Mental Health and Substance Abuse Services has long supported consumer participation in public mental health policy design and service implementation. This support continues with the statewide Consumer and Family Network.

Please refer to Establishment of System of Care- Adults section for detailed information about the North Dakota Mental Health Consumer and Family Network.

The Division also collaborates with ND Family Voices a statewide advocacy and information network and warehouse.

According to North Dakota Administrative Code 75-05-04-03, each client who has been admitted for service to the human service center shall have an individual plan based on the admission data and needs of the client. This has been in place since at least the late 1980s. The chapter is being revised to reflect best practices and enhanced consumer involvement. The proposed section concerning treatment planning will include:

The professional staff member assigned the client shall develop and review the individual plan with the client, at whatever level the client can participate, shall document the review in the client's record, indicating the extent of their client's involvement in developing the individual plan and shall have the client sign the treatment plan. In the event the client refuses or is unable to sign the treatment plan, this must be documented in the chart.

This will help to ensure that consumers have the opportunity to fully participate in their treatment and the development of their individualized treatment plan.

Please refer to System of Integrated Services- Child section for detailed information about the Single Plan of Care and the creation of a Front-End System to support individualized care plans.

Please refer to Establishment of System of Care- Adults section for detailed information about the implementation of the person-centered treatment planning initiative in North Dakota.

GOAL 3: DISPARITIES IN MENTAL HEALTH SERVICES ARE ELIMINATED

A portion of North Dakota's New Freedom Initiative funding has been earmarked for the implementation of a Cultural Competency Plan for all employees. This will include an ongoing training component.

Key to the children's mental health system of care is a strong partnership with families and integrating services across systems. Parents are actively involved in the design and implementation of the programming, serve on the local and state advisory boards and provide on-going support to parents negotiating services for their children.

The Wraparound Process Certification Training has a cultural component, which is taught to participants to assure adherence to the philosophy of Wraparound and to build culturally competent practice among the field.

Dr. D BigFoot from the Indian Country Child Trauma Center, University of Oklahoma Health Sciences Center and Dr. Susan Schmidt from Center on Child Abuse and Neglect, University of Oklahoma (partner's of the National Child Traumatic Stress Network) provided training on June 5 and June 6, 2008. The Human Service Center clinicians and other private clinicians from the Treatment Collaborative for Traumatized Youth (TCTY) were trained on how to adapt Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) with Native American children/youth. The training was called Honoring Children, Mending the Circle.

In September 2004, The Department of Human Services, Aging Services division, was awarded a Real Choice System Change Rebalancing Initiative grant. The grant was funded for a three-year period of time. The goals of the grant are: to develop a mechanism to balance state resources for continuum of care services to strengthen opportunities for choice and self-direction; to develop a system to provide a single point of entry for continuum of care services; and to develop practical and sustainable public information services for all continuum of care services in North Dakota. The grant goals will be achieved through research; focus groups and questionnaires targeting consumers, providers, and family members; stakeholder meetings involving more than 100 agencies and organizations; and a broad-based steering committee. To date, the following outcomes have been achieved: 1) a forum was developed for building consensus on a shift from reliance on institutional forms of long-term care and services toward the increased availability, diversity, and utilization of home and community-based services for the elderly and individuals with disabilities; results of the input from various stakeholders groups, surveys and personal interviews has been compiled and a formal report is forthcoming; 2) recommendations for legislative consideration to shift public financing of programs and services from over-reliance on institutional forms of long-term care and services toward the increased availability, diversity, and utilization of home and community-based long-term care and services with an integrated service quality assurance mechanism consists of a draft of "Rebalancing Road Map", consumer interviews and stakeholder meetings, and a report of the results of those meetings and interviews resulting in an increased knowledge and understanding of rebalancing best practice; 3) plans to develop and implement a single point of entry mechanism to long-term home and community-based and institutional services for elderly and people with disabilities; an agreed upon list of 21 key Single Point of Entry/Aging and Disability Resource Center (SPE/ADRC) components is drafted, final single Point of Entry/Aging and Disability Resource Center (SPE/ADRC) legislation prepared for consideration of the 2007 Legislative assembly; a report and recommendations from the work of the common assessment sub-committee of a common referral tool; listing of potential Single Point of Entry (SPE) alternative funding options; and 4) the development and implementation of a program of public choice and access information about assistance services for individuals seeking long-term supportive services for the elderly and individuals with disabilities and individuals considering transition from institutional services to home and community-based services. Recommendations prepared for the Sixtieth Legislative Assembly included a Senate Concurrent Resolution expressing support for long-term care choices, including home and community-based services, for North Dakotans with disabilities and older adults and the Aging and Disability Resource Center (ADRC) Initiative which would create partnerships in North Dakota to improve the efficiency of government programs and reduce the frustration and confusion that consumers face when trying to learn about and access the long-term care service system.

The ND Department of Human Services (DHS), which includes the State Unit on Aging, State Medicaid and Disability Agencies, and home and community based long-term care services is requesting \$614,095 (matched by \$32,321 non-federal funds) from the Administration on Aging to fulfill its goal of developing an Aging and Disability Resource Center (ADRC) in ND Region VII (Bismarck region). The ADRC will empower older adults and adults with physical disabilities and their families to make informed choices about long-term support services, and will streamline access to services by realigning and optimizing infrastructure and resources. ND will develop a “no wrong door” network with these state and community partners: State Unit on Aging, Medicaid, the DHS West Central Human Service Center (aging, disability, and mental health service provider); county social services; Older Americans Act providers (region/tribal); Centers for Independent Living, State Health Insurance Counseling Program, and others. Objectives include: 1) naming a program director to manage the day-to-day development of the ADRC *No Wrong Door* network, 2) establishing an Advisory Council to guide ADRC development, 3) implementing the ADRC network in Burleigh County in Year 1, 4) expanding the ADRC to three more counties in Year 2, 5) developing a 5-year operational plan, and 6) expanding the ADRC to the rest of Region VII in Year 3. At the grant’s end, region residents will be aware of the ADRC and will contact the network for information about long-term supports and assistance accessing them. Products include: online options counseling tool, intake, information and options counseling protocols; seamless referrals and support; “no wrong door model”; evaluation results; a final report; and sustainability plan.

Access to dental care continues to be an issue in North Dakota. According to the University of North Dakota’s Center for Rural Health, 30% of the state’s 53 counties are designated as Dental Health Professional Shortage Areas (as of 9-2007). Fifty-seven percent of North Dakota’s population lives in Ward, Grand Forks, Cass and Burleigh counties, as do an overwhelming proportion of the state’s dentists. As a result of growing concerns about a nation-wide shortage of dentists, and the number of designated dental HPSAs in North Dakota, the Center conducted a state-wide dental workforce survey to examine the demographics, practice profiles, and patient profile information of the state’s 316 licensed dentists. North Dakota does not have a dental school, and over half of our dentists were trained at the University of Minnesota. Results from our 2004 survey indicate: just over half were born in ND, 73% practice general dentistry, the average age of North Dakota dentists is 52 years and 60% of dentists plan to retire in the next 15 years. In 2002 a state dental loan repayment program was established to attract dentists to areas of need across the state. There have been eight recipients of the loan program who located in 6 different communities (Minot, Fargo, New Rockford, Grand Forks, Bismarck, and West Fargo).

The Center for Rural Health also noted that between seven and twenty-five percent of dentists in North Dakota accept any and all Medicaid patients that present for treatment. Rural dentists tend to accept more Medicaid patients than do urban dentists. Care coordinators work closely with children and families to assist with accessing dental care. At times care coordinators have needed to transport children and their families hundreds of miles (roundtrip) to access dental care from a provider that accepts Medicaid patients.

In an attempt to address this issue, the Dakota Medical Foundation created the Dental Care Access Program (DCAP). DCAP is working to increase access to oral health care for the uninsured and underinsured of our communities. Under the direction of the dental coordinator, DCAP is networking with the North Dakota State Oral Health Department, Bismarck; Red River Valley Dental Access Project, Fargo; Bridging the Dental Gap Clinic, Bismarck; Dental Access Committee, Grand Forks; and federally qualified healthcare centers in Fargo, Northwood/Larimore, and Turtle Lake/Rolette/McCluskey.

Access to preventive care remains a problem for some segments of the population, specifically low-income minority individuals. Individual knowledge of how oral health relates to general health is limited, and the mouth is frequently fragmented from the rest of the body. Workforce issues remain despite the state's legislation enacting a dental loan repayment program.

Healthy Steps, North Dakota's SCHIP, currently serves 4,087 children. According to the 2007 Annual EPSDT (Health Tracks) report, 11,148 individuals from birth to 21 years of age received a dental service, 6,984 a preventive dental service and 5,069 received dental treatment services.

Healthy People 2010 Oral Health State Plan Statistics

During the 2004-2005 school year, the North Dakota Department of Health (NDDoH) conducted a statewide Oral Health Survey of third-grade children enrolled in public, state or Bureau of Indian Affairs elementary schools in the state. This survey found that 56 percent had cavities and/or fillings (decay experience) – substantially higher than the *Healthy People 2010* objective of 42 percent. Seventeen percent had untreated dental decay (cavities) compared to the *Healthy People 2010* objective of 21 percent. Compared to white non-Hispanic children in North Dakota, a significantly higher proportion of minority children have decay experience, untreated decay and urgent dental needs.

The Oral Health program has 5 oral health consultants located around the state. The consultants provide oral health education and oral health screenings. The consultants also provide technical assistance to schools participating in the fluoride mouth rinse and tablet schools programs. Within that plan, delivery systems such as a stand alone dental clinics, mobile dental vans, urgent care centers, dental clinics affiliated with hospitals and clinics and others will be analyzed and recommendations made for best practice.

Community Resource Coordinators (CRCs) located throughout the state have worked to ensure that whenever possible, oral health care is accessed by their clients. Through a program called Dental 1/90, case management is provided to uninsured clients. Dentists are fully reimbursed for charges incurred in the care of these patients while agreeing to see 1 new Medicaid patient every 90 days.

A significant need exists to assist children in the transition from the children's mental health care system to the adult mental health care system. This issue is brought to the forefront in the technical assistance visits from DMHSA staff to the human service centers, MHPC meetings, and regional stakeholders meetings. A portion of funding from the New Freedom Initiative Grant will be used to establish a "Transition Flex Fund" that young adults, age 18-21, can access through a care coordinator or adult case manager at the human service center. Funds will be used to assist with housing, medication and other health care, transportation, clothing, and other individualized needs. An existing referral and payment system will be utilized to implement this effort.

A legislative Interim Committee study was chosen to explore the needs of transition-aged youth in all systems; mental health, education, child welfare, juvenile justice, vocational rehabilitation and developmental disabilities. A collaborative effort among the systems has occurred to provide testimony and information to the committee. The Children's MH Administrator is also involved with a transition aged youth workgroup, exploring areas such as, housing, employment, involvement in policy building and testimony. The Department also has a Transition Steering Council that has been working on this area.

North Dakota's Money Follows the Person Demonstration grant will develop services to assist people who want to transition from institutions to qualifying community living arrangements by actively identifying individuals for transition services, and strengthening transition services and ongoing community supports. ND will focus on: people with developmental disabilities and individuals residing in skilled nursing facilities.

ND has established a strong single-point-of-entry and case management services to support community living of persons with developmental disabilities and recently launched an Independence Plus waiver for that population. ND also instituted a bed buy-out program, and also has a moratorium on new nursing facility beds, and a single budget line item for long-term care services, however, challenges remain. These include the lack of coordinated transition services for institutionalized persons and a fragile caregiver infrastructure in sparsely populated rural areas.

ND goals for this program are: increase the use of home and community-based services (HCBS); eliminate barriers that restrict the use of Medicaid to enable people to receive support for long-term care services in a setting of their choice; increase the Medicaid program's ability to support HCBS; and ensure quality assurance procedures are in place for individuals receiving Medicaid HCBS.

Please refer to Legislative Initiatives and Changes-Child section for an update on CHIP in North Dakota and other legislative laws from the 61st Legislative Assembly.

GOAL 4: EARLY MENTAL HEALTH SCREENING, ASSESSMENT, AND REFERRAL TO SERVICES ARE COMMON PRACTICE

Please refer to Establishment of System of Care- Child section for detailed information about the North Dakota Social, Emotional, Developmental Alliance (NDSEDA) to support early mental health screening, assessment and referral to services.

The North Dakota Department of Health, Division of Injury Prevention and Control, coordinates the North Dakota Suicide Prevention Coalition. The Division of Mental Health and Substance Abuse Services is a member of the Coalition.

Please refer to Recent Significant Achievements - Adults section for detailed information about the suicide prevention efforts in North Dakota.

GOAL 5: EXCELLENT MENTAL HEALTH CARE IS DELIVERED AND PROGRAMS ARE EVALUATED

The Department of Human Services is committed to working with multiple systems to enhance coordination of care for consumers. The State Review Team was established to help with this. The State Review Team is a consumer/child specific review process incorporating the involved systems and agencies to address challenges, barriers, and gaps preventing appropriate care, services and/or education. The team looks at items ranging from clinical/education reports, placement options/attempts, housing options, and funding streams. It works toward braiding together possible options in the best interest of the individual discussed.

The State Review Team is a problem-solving, creative options think tank that addresses not only individual cases but also explores systemic issues. It is not a forum to resolve disputes or appeal system decisions or replace local team responsibilities.

The agencies represented on the State Review Team are:

- Division of Juvenile Services
- Adult Corrections
- Department of Public Instruction/Special Education
- Children & Family Services Division-DHS
- Medical Services-DHS
- Mental Health and Substance Abuse-DHS
- Developmental Disabilities/Vocational Rehabilitation-DHS
- Aging Services Division – DHS
- Institutions – State Hospital and Developmental Center
- Regional Human Service Centers

Please refer to System of Integrated Services- Child for detailed information about Wraparound Certification and Re-certification and the Single Plan of Care (SPOC) collaborative efforts with multiple systems. The SPOC is used by juvenile corrections, child welfare, and mental health systems, private providers, and education. There are over 500 child welfare and system partners certified in the Wraparound Process. 43 participants completed Wraparound Certification Training this past year.

Please refer to the Establishment of System of Care- Child section for detailed information about Evidence-Based Practices, Youth Advisory Council Initiative, and the North Dakota Social, Emotional, Developmental Alliance (MH Screening Tool Kit) for the improvement of collaboration and coordination of care among multiple systems.

The North Dakota Department of Human Services provides service to individuals who are dually diagnosed with a serious mental illness and a substance abuse disorder. The regional human service centers offer dual diagnosis programs ranging from group therapy to intensive case management.

Please refer to Establishment of System of Care- Adults section for detailed information about the provision of services for co-occurring mental and substance use disorders for adults.

Please refer to Establishment of System of Care- Children section for detailed information about the provision of services for co-occurring mental and substance use disorders for children.

The Division uses block grant dollars to augment Extended Services for adults diagnosed with a serious mental illness. These funds are used to purchase employment coaching/job shadowing as well as assistance with locating/obtaining/maintaining employment.

Please refer to Establishment of System of Care- Adults section for detailed information about the provision of Supported Employment and Extended Services.

North Dakota has made great strides in community-based mental health care. Challenges do remain, however. Nearly one-quarter of the individuals admitted to the State Hospital in recent years had been admitted multiple times during the year. An estimated one in ten inmates in North Dakota's prison system has a serious mental illness diagnosis. Transition from the

children's mental health system to the adult system can be a daunting task. In an attempt to address issues such as these and maximize community-based services, North Dakota is exploring various evidence-based practices.

Please refer to Establishment of System of Care- Adults section for detailed information about the provision of evidence-based practices for adults.

Please refer to Establishment of System of Care- Child section for detailed information about the provision of children's evidence-based practices.

Please refer to #1 - Improving Coordination of Care among Multiple Systems section in this document for detailed information about the State Review Team to align financing for MH services maximum benefit.

Western Sunrise, Inc. is a nonprofit, consumer-run organization located in Williston that exists to promote wellness for individuals with a mental illness. The focus of Western Sunrise is to bring people together and serve the needs of the broad spectrum of community-based mental health recovery, rehabilitation, and peer support. Since its inception in 1986, Western Sunrise has created a bridge between consumer input and the regional care program. Increasing and enhancing employment programs was ranked the number one priority during the most recent planning session. Western Sunrise has provided two volunteer programs that provide earning (a reward stipend) for consumer's volunteer efforts. In July of 2003, Western Sunrise added a transitional employment component to their portfolio and works cooperatively with the regional office of Vocational Rehabilitation to receive referrals that are appropriate for the transitional employment programs.

Western Sunrise's most immediate priority is to provide a peer support network that provides outreach, respect, self and help groups related to recovery and empowerment, and the "Living in Place" peer support and Bridge program. The goals of the "Living in Place" Program are to successfully maintain community living in the consumer's current residence, and to discover lost identities through years of institutionalization, mental health myths and stigma. This program is patterned after a similar program in New York State and is also related to Mary Ann Copeland's WRAP program. The Peer Support program focuses on developing a relationship that is centered on recovery and builds a sense of family and community that is mutually responsible and focused on recovery and social action. The Peer Support specialists have shared similar experiences and model successful lives to those they work with.

Please refer to Establishment of System of Care- Adults section for detailed information about the implementation of the statewide peer support specialist program.

Mental health block grant dollars are used to provide training to mental health professionals through the State concerning issues and innovations in the field. For instance, block grant dollars will be used to fund the mental health portion of the Dual Diagnosis Education Consortium's Annual Workshop and Clinical Forum on Mental Health Conference. In addition, block grant dollars are used to provide Wraparound certification training and to support the annual Family-Based Services Conference, and the Indian Child Welfare Act Conference.

As required by block grant law, training will also focus on the recognition of psychiatric symptoms and strategies for dealing with situations resulting from psychiatric symptomology specifically targeted towards emergency personnel including emergency medical technicians,

physicians, and law enforcement. The Division will collaborate with the University of North Dakota's Center for Rural Health to implement Mental Health First Aide to train first responders.

The human service centers are falling behind in their ability to compete in the marketplace for salaries for professionals. Private providers tend to pay mental health professionals more than human service centers. In addition, many professionals are reluctant to live in the more rural areas of North Dakota or in North Dakota in general. Demand for the skills of certain professionals definitely exceeds the supply. Thus, there is considerable competition for licensed addiction counselors, clinical psychologists, psychiatrists, licensed certified/independent clinical social workers, and psychiatric nurses.

In order to help address this issue, the 61st Legislative Assembly provided a seven percent increase for contracted service providers for the delivery of public mental health services.

Please refer to the Service Systems Strengths and Weaknesses- Adult and Child section for detailed information about the Workforce efforts and the division's collaboration with WICHE to address workforce development activities.

GOAL 6: TECHNOLOGY IS USED TO ACCESS MENTAL HEALTH CARE AND INFORMATION

The Department of Human Services has implemented an electronic financial and clinical data collection system. Referred to as the Regional Office Automation Program (ROAP), this system allows clinicians at the regional human service centers to document electronically. In addition, the system allows research staff to access the data gathered through the system and allows for the creation of detailed reports concerning the mental health services delivered at the regional human service centers.

Please refer to System of Integrated Services- Child section for detailed information about the Single Plan of Care and the creation of a Front-End System to support for integrated electronic care plans and collaborative efforts between mental health and child welfare.

The Department of Human Services has completed work on a Master Client Index (MCI), which includes the indexing of approximately 500,000 records currently contained in an internally written master client index. This is the first of several indexing projects the DHS will undertake in next few years. It is the goal of the Department to index all DHS applications. The project will index clients for the following applications: Medicaid, Food Stamps, Temporary Assistance for Needy Families (TANF), Developmental Disabilities, Vocational Rehabilitation, Child Welfare, Child Support, Mental Health and Substance Abuse, State Institutions, Aging Services, Low Income Heating Assistance, and Child Care Assistance. In addition, we anticipate opportunities for data linking with applications from other departments such as the Department of Health, Department of Public Instruction, and Job Service of North Dakota. The Wraparound Program will be the first to integrate with the MCI system.